



Financial and Programmatic Monitoring Package

Maine Community Development Block Grant Program



www.meocd.org

Office of Community Development
Steven Levesque, Commissioner
Department of Economic and Community Development
111 Sewall Street
59 State House Station
Augusta, ME 04333-0059
(207) 624-7484 (Voice) (207) 287-2656 (TTY)



MAINE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

Financial & Programmatic Monitoring Package

Review Information

Community: _____

CDBG Program: _____

Grant Year: _____

Name of Reviewer: _____

Date of Review: _____

Grant Amount: _____

% of Grant Funds Expended: _____

Appendices Used (Please check all appendices used)

___ Housing Assistance	Date of Review: _____
___ Labor Standards & Contracting	Date of Review: _____
___ Sewer Hook-ups	Date of Review: _____
___ Public Service	Date of Review: _____
___ Urgent Need	Date of Review: _____
___ Economic Development	Date of Review: _____
___ Downtown Revitalization	Date of Review: _____
___ Facade Grants	Date of Review: _____
___ Acquisition/Relocation	Date of Review: _____
___ Public Infrastructure/Facilities	Date of Review: _____

FINANCIAL AND ADMINISTRATIVE OVERSIGHT

1. Please list by grant type and year any other CDBG programs that the community currently has under contract.

2. Does the Grantee have an updated copy of the CDBG Administrators Guide?
__Yes __No

3. List names and titles of local staff working on the grant; if paid with CDBG funds, please indicate percent paid and average weekly hours worked. If work is in-kind or voluntary, please state.

Name	Job Responsibility	%CDBG Funded	# Hours Worked

4. If the community is utilizing a consultant(s) for administrative or rehabilitation services please complete the following table:

Name of Consulting Firm	Assigned Project Staff	Contracted Activities

5. Are signed contracts between the community and all consultants on file?
__Yes __No
6. Do all local contracts with consultants contain contract clauses required by CFR24 Part 85? __Yes __No
7. Are the local staff and/or consultants administering the CDBG contract and/or performing rehab tech duties certified by the CDBG program? __Yes __No

Compliance with Established Procedures

1. Are time sheets maintained for local paid personnel? __Yes __No
2. Do expenditures require approval on a Warrant? __Yes __No

If yes, how many signatures are required? _____

If no, how are expenditures paid? _____

3. Who is authorized to sign CDBG checks?

Name: _____ Title: _____

Name: _____ Title: _____

4. Are these persons bonded? ☐ Yes ☐ No
5. What is the date of bond issuance and who is the bonding agent?

Date Issued: _____ Bonding Agent: _____

Systems for Internal Control

1. What type of accounting system is the grantee utilizing?
- ☐ Municipal ☐ Special Ledger ☐ Other (explain)
- _____
2. Does the accounting system enable the grantee to do the following:
- a. Track all CDBG expenditures by date and drawdown? ☐ Yes ☐ No
- b. Provide a record of cash receipts and disbursements? ☐ Yes ☐ No
- c. Detail unobligated balances and liabilities? ☐ Yes ☐ No
- d. Provide source documentation for expenditures? ☐ Yes ☐ No
- e. Track program income inflow and expenditure? ☐ Yes ☐ No
3. Who is responsible for the following processes?
- a. Approving/signing invoices? _____
- b. Writing checks? _____
- c. Posting expenditures to a ledger? _____
- d. Reconciling the checkbook to the bank statement? _____
- e. Signing the requests for payment? _____
- f. Recording the requests for payment? _____
4. Is the grantee's system of internal control adequate to safeguard CDBG funds?
- ☐ Yes ☐ No
5. Is all work inspected prior to payment of the bill? ☐ Yes ☐ No
6. Who inspects the work? _____
7. Is a percentage of the payment retained? ☐ Yes ☐ No
- If yes, how much? _____
8. Is the Grantee following established procedures for approving expenditures? ☐ Yes ☐ No

Property Management

1. Has any personal property been purchased with CDBG program funds? __Yes __No
If yes, is a personal property register maintained? __Yes __No
2. Has any real property been purchased with CDBG funds? __Yes __No
If yes, is a real property register maintained? __Yes __No
3. Is there evidence of deed restrictions in accordance with OCD contract Rider b Number 22 for all properties purchased in whole or in part with CDBG funds? __Yes __No
4. Were proper procurement procedures followed? __Yes __No
5. Has any personal or real property purchased with CDBG funds been disposed of? __Yes __No
If yes, were the proceeds reported as program income? __Yes __No
6. Do procedures prevent unnecessary or duplicative purchases? __Yes __No
7. Are HA Program files in a locked/secure location? __Yes __No

Financial Management and Record keeping

1. Are CDBG funds used for reimbursement of expenditures? __Yes __No
2. In the case of non-reimbursement, has the CDBG checking account balance exceeded \$5,000 for more than five days? __Yes __No
If yes, was the PDS notified? __Yes __No
3. Does the grantee use an interest bearing escrow account? __Yes __No
4. If yes, are funds properly requested? __Yes __No
Is interest reported as Program Income? __Yes __No
5. Does the program generate other program income? __Yes __No
6. What are the sources of the program income? _____
7. Is program income spent according to the program income plan? __Yes __No
8. Is program match being spent as anticipated? __Yes __No
9. How are expenditures for match funds verified? _____

10. If an audit has been completed of the CDBG Program were there any findings?
__Yes __No

If yes, have these findings been resolved? __Yes __No

Areas Needing Improvement:

1. _____

2. _____

3. _____

Findings of Non-Compliance:

1. _____

Required Action: _____

2. _____

Required Action: _____

COMPLIANCE WITH PROGRAMMATIC PROCEDURES

Give a concise description of the project funded with CDBG and matching funds,
including the current status:

Complete the table below utilizing the dollar amounts reflected in the latest contract amendment, if any.

Activity	IDIS Code	\$ Budgeted	\$ Expended
Totals			

1. Are CDBG program activities monitored on a regular basis? __Yes __No
2. Have all disclosure steps been followed in cases of conflict of interest? __Yes __No __N/A
3. Have special contract conditions been met? __Yes __No __N/A
4. Are program guidelines being followed? __Yes __No __N/A
5. Has the second public hearing been held? __Yes __No
6. Has Second Public Hearing notification been sent to OCD? __Yes __No
7. Are activities being completed as scheduled? __Yes __No

If no, Explain: _____

ENVIRONMENTAL REVIEW

Environmental Review Record (ERR) General Requirements

1. Is the Environmental Review Record including the OCD Clearance Letter available for public review? __Yes __No
2. List all CDBG project activities giving the date of the ERR clearance and the date of first local contract signing for the respective activity.

PROJECT ACTIVITIES CONTRACT	DATE OF ERR CLEARANCE	DATE OF FIRST LOCAL

3. Were CDBG funds obligated prior to the OCD ERR Clearance Date?

☐ Yes ☐ No

If yes, explain: _____

4. Have all permits required for project implementation as indicated on the Statutory Checklist been issued prior to the start of construction?

☐ Yes ☐ No

List all activities requiring permits, type of permit issued, date issued and applicable start of construction date.

Activity	Type of Permit Required	Date Issued	Start of Construction Date

Updates

1. Were all CDBG sites specified prior to completion of the program ERR?

☐ Yes ☐ No

2. If no, have all sites assisted been listed on the Unspecified Sites reporting form?

☐ Yes ☐ No ☐

3. For previously unspecified sites, were CDBG contracts obligated prior to completion of the local clearance process identified in the ERR?

☐ Yes ☐ No

4. Have new circumstances arisen or have alterations been made that may require additional environmental review?

☐ Yes ☐ No

5. Does it appear that necessary environmental review processes have been completed?

☐ Yes ☐ No

CIVIL RIGHTS

Compliance

1. Are the following in the Civil Rights file?

- | | | | | |
|----|--------------------------|------------------------------|-----------------------------|------------------------------|
| a. | EEO Policy Statement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| b. | Contractor List | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| c. | Employment Profile | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| d. | Sec. 504 Self Evaluation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

Other documents: _____

2. If discrimination has been determined through a formal compliance review or court proceedings, have affirmative actions been taken to overcome those effects? ☐ Yes ☐ No ☐ N/A

3. Is the facility where applications for program benefits are taken, or administrative office handicapped accessible? ☐ Yes ☐ No

If no, describe the steps taken to accommodate individuals with disabilities:

Areas Needing Improvement:

1. _____
- _____
2. _____
- _____
3. _____
- _____

Findings of Non-Compliance:

1. _____

Required Action: _____

2. _____

Required Action: _____
